

**Molina Healthcare of California**  
**Medi-Cal/Medicare Prior Authorization/Pre-Service Review Guide**  
**Effective: 01/01/2016**

**Use the Molina web portal for faster turnaround times.**  
**Contact Provider Services for details**

**\*\*\*Referrals to Network Specialists and office visits to contracted (PAR) providers do not require Prior Authorization\*\*\***

**This Prior Authorization/Pre-Service Guide applies to**  
**all Molina Healthcare Medi-Cal and Medicare Members – excludes Marketplace**  
**Refer to Molina's website or portal for specific codes that require authorization**  
**Only covered services are eligible for reimbursement**

• **Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:**

- Inpatient, Residential Treatment
- Electroconvulsive Therapy (ECT)
- Behavioral Health Treatment (BHT) for treatment of Autism Spectrum Disorder (ASD). Including but not limited to:
  - Applied Behavioral Analysis (ABA)
  - Discrete Trial Teaching
  - Early Start Denver Model
  - Social Skills Training

• **Cosmetic, Plastic and Reconstructive Procedures (in any setting)** Refer to Molina's Provider website or portal for specific codes considered cosmetic

• **Durable Medical Equipment:** Refer to Molina's Provider website or portal for specific codes that require authorization.

- Medicare Hearing Supplemental benefit: Contact Avesis at 1-800-327-4462

• **Experimental/Investigational Procedures**

• **Genetic Counseling and Testing** except for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations

• **Home Healthcare and Home Infusion:** After initial evaluation plus six (6) visits. Note: PA may be required for medications associated with Home Infusion.

• **Hyperbaric Oxygen Therapy**

• **Imaging, Advanced and Specialty:** Refer to Molina's Provider website or portal for specific codes that require authorization

• **Inpatient Admissions:**

- Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice (Hospice requires notification only)

• **Long Term Services and Supports:** Refer to Molina's Provider website or portal for specific codes that require authorization. Not a Medicare covered benefit.

• **Neuropsychological and Psychological Testing**

• **Non-Par Providers/Facilities: Office visits, procedures, labs, diagnostic studies, inpatient stays except for:**

- Emergency Department and Urgent Care services
- Professional fees associated with ER visit, approved Ambulatory Surgery Center (ASC) or inpatient stay
- Nurse Midwife services
- Local Health Department (LHD) services
- Family Planning Services
- HIV Testing and Counseling
- OB/Gyn services (with OB/Gyn within PCP Network)
- Treatment for Sexually Transmitted Diseases (STDs)
- Minor consent services

• **Occupational Therapy:** After initial evaluation plus twenty four (24) visits for outpatient and home settings

• **Office Visits & Office Based Surgical Procedures at Participating (Contracted) providers do not require prior authorization for covered services**

• **Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures:** Refer to Molina's Provider website or portal for specific codes that require authorization

• **Pain Management Procedures:** Injections, except trigger point injections (Acupuncture is not a Medicare covered benefit)

• **Physical Therapy:** After initial evaluation plus twenty four (24) visits for outpatient and home settings

• **Prosthetics/Orthotics:** Refer to Molina's Provider website or portal for specific codes that require authorization

• **Radiation Therapy and Radiosurgery (for selected services only):** Refer to Molina's Provider website or portal for specific codes that require authorization

• **Sleep Studies: (Except Home Sleep Studies)**

• **Specialty Pharmacy drugs (oral and injectable):** Refer to Molina's Provider website or portal for specific codes that require authorization

• **Speech Therapy:** After initial evaluation plus six (6) visits for office, outpatient and home settings

• **Transplants including Solid Organ and Bone Marrow** (Corneal transplant does not require authorization)

• **Transportation:** non-emergent Air Transport

• **Unlisted & Miscellaneous Codes:** Molina requires standard codes when requesting authorization. Should an unlisted or miscellaneous code be requested, medical necessity documentation and rationale must be submitted with the prior authorization request.

**\*STERILIZATION NOTE:** Federal guidelines require that at least 30 days have passed between the date of the individual's signature on the consent form and the date the sterilization was performed. The consent form must be submitted with claim. (Medi-Cal benefit only)

## IMPORTANT INFORMATION FOR MOLINA HEALTHCARE MEDI-CAL / MEDICARE

### Information generally required to support authorization decision making includes:

- Current (up to 6 months), adequate patient history related to the requested services.
- Relevant physical examination that addresses the problem.
- Relevant lab or radiology results to support the request (including previous MRI, CT Lab or X-ray report/results)
- Relevant specialty consultation notes.
- Any other information or data specific to the request.

### The Urgent / Expedited service request designation should only be used if the treatment is required to prevent serious deterioration in the member's health or could jeopardize the enrollee's ability to regain maximum function.

- If a request for services is denied, the requesting provider and the member will receive a letter explaining the reason for the denial and additional information regarding the grievance and appeals process within 2 business days of the denial decision. Denials also are communicated to the provider by telephone, fax or electronic notification 24 hours of making the denial decision.
- Providers and members can request a copy of the criteria used to review requests for medical services.
- Molina Healthcare has a full-time Medical Director available to discuss medical necessity decisions with the requesting physician at 1 (800) 526-8196

### Important Molina Healthcare Medi-Cal and Medicare Contact Information

#### Medicare Authorizations:

Phone: 1 (855) 322-4075    Option 4, Option 4, then Option 2

Fax: 1 (844) 251-1450

#### Medi-Cal Authorizations:

Phone: 1 (800) 526-8196    Option3, then Option 4

Fax: 1 (800) 811-4804

#### Medicare Behavioral Health Authorizations:

Phone: 1 (800) 665-0898    Fax: 1 (866) 472-6303

#### Medi-Cal Behavioral Health Authorizations:

Phone: 1 (800) 526-8196    Option 4    Fax: 1 (800) 811-4804

#### All Radiology Authorizations:

Phone: 1 (855) 714-2415    Fax: 1 (877) 731-7218

#### All OB/NICU and Transplant Authorizations:

Phone: 1 (888) 562-5442 x751108    Fax: 1 (877) 731-7218

#### Medi-Cal Pharmacy Authorizations:

Phone: 1 (888) 665-4621    Fax: 1 (866) 508-6445

#### Medicare Pharmacy Authorizations:

Phone: 1 (800) 665-0898    Fax: 1 (866) 290-1309

#### Medi-Cal Member Customer Service -

##### Benefits/Eligibility:

Phone: 1 (800) 665-4621    Fax: 1 (866) 507-6186

TTY/TDD: 711

#### Medicare Member Customer Service -

##### Benefits/Eligibility:

Phone: 1 (800) 665-0898    Fax: 1 (310) 507-8196

TTY/TDD: 711

#### Provider Customer Service: 8:00 a.m. – 5:00 p.m.

Phone: 1 (855) 322-4075    Fax: 1 (562) 951-1529

#### 24 Hour Nurse Advice Line

English: 1 (888) 275-8750 [TTY: 1-866/735-2929]

Spanish: 1 (866) 648-3537 [TTY: 1-866/833-4703]

**Medi-Cal Vision Care:** Phone: 1 (888) 493-4070

**Medicare Vision Care:** Phone: 1 (800) 327-4462

**Medi-Cal Dental:** Phone: 1 (800) 322-6384

**Medicare Dental:** Phone: 1 (855) 214-6779

#### Medicare Non-emergent Transportation:

Phone: 1 (866) 475-5423    Fax: 1 (866) 913-4509

### Providers may utilize Molina Healthcare's Provider Portal at:

<https://provider.molinahealthcare.com/Provider/Login>

#### Available features include:

- **Authorization submission and status**
- **Claims submission and status**
- **Download Frequently used forms**
- **Member Eligibility**
- **Provider Directory**
- **Nurse Advice Line Report**

## Molina Healthcare of California

### Medi-Cal / Medicare Prior Authorization Request Form

Medi-Cal Phone Number: 1 (800) 526-8196 / Medicare Phone Number: 1 (855) 322-4075

Medi-Cal Fax Number: 1 (800) 811-4804 / Medicare Fax Number: 1 (844) 251-1450

Radiology Fax Number: 1 (877) 731-7218 (MRI, CT, PET, SPECT)

Member				
<b>Plan:</b>	<input type="checkbox"/> <b>Molina Medi-Cal</b>	<input type="checkbox"/> <b>Molina Medicare</b>	<input type="checkbox"/> <b>Custodial Member Requiring Prior Authorization of Outpatient Services</b> <input type="checkbox"/> <b>Molina Medicare</b> <input type="checkbox"/> <b>Molina Medi-Cal</b>	<b>Other</b>
<b>Member Name*:</b>			<b>DOB*:</b>	
<b>Member ID#:</b>			<b>Phone*:</b>	
<b>Member's current address*:</b>				
<b>Services Type:</b> <input type="checkbox"/> Elective /Routine <input type="checkbox"/> Expedited/Urgent^				

\* Required Information to Process Request

^ Definition of Expedited / Urgent service request designation is when the treatment requested is required to prevent serious deterioration in the member's health or could jeopardize the enrollee's ability to regain maximum function. Requests outside of this definition should be submitted as routine/non-urgent.

Referral/Service Type Requested		
<b>Inpatient</b> <input type="checkbox"/> Surgical procedures <input type="checkbox"/> Custodial <input type="checkbox"/> Disenrollment from IPA to Molina Direct <input type="checkbox"/> ER Admits <input type="checkbox"/> Sub-Acute <input type="checkbox"/> SNF <input type="checkbox"/> LTAC	<b>Outpatient</b> <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Hyperbaric Therapy <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> Infusion Therapy <input type="checkbox"/> Other: _____	<input type="checkbox"/> Home Health  <input type="checkbox"/> DME  <input type="checkbox"/> In Office
Diagnosis Code & Description: _____		
CPT/HCPC Code & Description: _____		
Number of visits requested: _____     DOS From:     /     /     to     /     /		
Clinical Indication for the request: _____		

**Please send clinical notes and any supporting documentation**

PROVIDER INFORMATION			
Requesting Provider Name:			
Facility Providing Service:			
Contact at Requesting Provider's office:			
Phone Number:	(     )     -	Fax Number:	(     )     -

<b>For Molina Use Only:</b>
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